PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRICTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further c indicated unless corrected maintenance fee notificati	correspondence including below or directed oth ions.	ig the Patent, advance of the results in Block 1, by (
CURRENT CORRESPONDE	Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
Albert S. Micha Law Offices of A Suite 193	I I St ad	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
704 - 228th Aver Sammamish, WA		(Depositor's name)						
Sammannish, WA	1 30074						. (S	Signature)
			L					(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/804,769	10/804,769 03/19/2004		Paul K. Kromann		4250 7774 °			٥
TITLE OF INVENTION:	STORING ACCOUNT	INFORMATION WITH	I RELATED DATA IN A	COMMON STOR	Ξ		•	
I DOLLI TUDE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUI	<u> </u>
APPLN. TYPE	NO NO	\$1400	\$300	\$0		\$1700	12/14/200	 6
			<u></u>	٦ -			·	
EXAMINER		2876	CLASS-SUBCLASS	· ·		÷ .	1	
LE, THIE		235-380000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-02 Number is required.	cation (or "Fee Address' 2 or more recent) attach	listed, no name will be printed.						
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or)	ype)			annual bas boom	filed for
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	data will appear on the of a substitute for filing a	patent. It an assign n assignment.	ee is ide	entified below, the do	cument has been	nica for
(A) NAME OF ASSIC	(B) RESIDENCE: (CIT							
MICROSOFT	CORPORATION	Redmond, WA						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
4a. The following fec(s) a	b. Payment of Fee(s): (Pl	• • •	ny previ	iously paid issue fee s	hown above)			
Issue Fee Publication Fee (N	A check is enclosed X Payment by credit of	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - #	The Director is here overpayment, to De	is hereby authorized to charge the required fee(s), any deficiency, or credit any to Deposit Account Number $\frac{23-3178}{}$ (enclose an extra copy of this form).						
	SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no le					
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte ites Patent and Trademar	ed from anyone other that k Office.	the applicant; a reg	istered a	ttorney or agent; or th	e assignee or other	party in
Authorized Signature	4	Date December 1, 2006						
Typed or printed name			Registration No					
This collection of informan application. Confident submitting the completed this form and/or suggestion.	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this but issing 22313-1450	CFR 1.311. The information U.S.C. 122 and 37 CFR U.SPTO. Time will variden, should be sent to the NOT SEND FFES OR	ion is required to obtain of 1.14. This collection is y depending upon the information Off COMPLETED FORMS	r retain a benefit by estimated to take 12 lividual case. Any cicer, U.S. Patent and TO THIS ADDRES	the publi minutes omments Tradem S. SENT	to which is to file (and to complete, including s on the amount of ting tark Office, U.S. Depa of TO: Commissioner	by the USPTO to g gathering, prepar ne you require to contract of Comment for Patents, P.O. Bo	process) ing, and complete ree, P.O. ox 1450,

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.